



MEMORANDUM

TO: Donald S. Allen
Director
Employee Relations Department

DATE:

SUBJECT: APPEAL REQUEST

FROM: NAME: _____
S.S. # _____

Please be advised that I wish to request an appeal hearing for the following action:

CHECK THE APPROPRIATE BOX:

DATE OF ACTION

- | | |
|----------------------------------|-------|
| 1. Disciplinary Action | _____ |
| ___ a. Suspension (length) _____ | |
| ___ b. Demotion | |
| ___ c. Dismissal | |
| 2. Performance Evaluation | _____ |
| 3. Disability, determination | _____ |
| 4. Classification Action | _____ |
| 5. Job Abandonment | _____ |
| 6. Career Service Grievance | _____ |
| 7. Employee Protection Ordinance | _____ |
| 8. Name Clearing Hearing | _____ |

You may contact me at the follow address and telephone number:

cc: "APPROPRIATE DEPARTMENT DIRECTOR"
"DEPARTMENTAL PERSONNEL REPRESENTATIVE"